



Background / Overview

In October 1997, the National Institutes of Health (NIH) Office of Behavioral and Social Sciences Research (OBSSR) announced a special Request for Applications (RFA) focusing on “Innovative Approaches to Disease Prevention Through Behavior Change.” The goal of this initiative was to stimulate investigation of innovative strategies designed to achieve long-term healthy behavior change by focusing on tobacco use, sedentary lifestyle, poor diet, and alcohol abuse. This RFA solicited intervention studies aimed at either a comparison of theoretical approaches to behavior change or assessment of the utility of specific behavior change theory in a multibehavioral or multiple-theory framework.

Coordinated by the OBSSR, this four-year research grant program represented an unprecedented partnership among 17 Offices and Institutes of the NIH, including the:

- [•] Office of Disease Prevention;
- [•] Office of Research on Women’s Health;
- [•] Office of Dietary Supplements;
- [•] National Cancer Institute;
- [•] National Center for Complementary and Alternative Medicine;
- [•] National Heart, Lung, and Blood Institute;
- [•] National Institute on Aging;
- [•] National Institute on Alcohol Abuse and Alcoholism;
- [•] National Institute of Allergy and Infectious Diseases;
- [•] National Institute of Arthritis and Musculoskeletal and Skin Diseases;
- [•] National Institute of Child Health and Human Development;
- [•] National Institute of Dental and Craniofacial Research;
- [•] National Institute of Diabetes and Digestive and Kidney Diseases;
- [•] National Institute of Mental Health;
- [•] National Institute of Neurological Disorders and Stroke; and the
- [•] National Institute of Nursing Research.

This initiative was responsive to concepts and recommendations from several reports calling for increased research on key health behaviors and lifestyle factors affecting disease. These reports are all available online, including:

- [•] “Physical Activity and Health: A Report of the Surgeon General” (1996);
- [•] the Human Capital Initiative Strategy Report, “Doing the Right Thing: A Research Plan for Healthy Living,” (1996);
- [•] the NIH Office of Disease Prevention and Health Promotion Conference, “Disease Prevention Research at NIH: An Agenda for All” (1993);

-] the “Report of the National Institutes of Health: Opportunities for Research on Women’s Health” (1991);
-] the Office of Alternative Medicine-sponsored workshop, “Alternative Medicine, Expanding Medical Horizons” (1992);
-] NCI’s “Working Group Report on Priorities in Behavioral Research in Cancer Prevention and Control” (1996);
-] the NIA report of the “National Invitational Conference on Research Issues Related to Self-Care and Aging” (1996), and
-] a 1996 AHA Expert Panel Report on “Awareness and Behavior Change.”.

The recommendations of these reports were consolidated into a lengthy list of research topics, which was presented to representatives of organizations within and outside NIH as the proposed basis for an RFA. The RFA solicited intervention studies aimed at either comparing alternative theories related to mechanisms involved in behavior change, or assessing the utility of a single theoretical model for changing two or more health-related behaviors. In recognition of the fact that interventions were to take place in real-world settings, the RFA required multidisciplinary partnerships between behavior change experts, intervention specialists, and appropriate health professionals. This initiative also took advantage of a unique opportunity, by inviting projects so large in scope that they could only be funded through a trans-NIH partnership. It was this partnership that permitted NIH to encourage studies costing up to \$700,000 in annual total cost per individual grant.

Selected on the basis of the scientific peer review, the sponsoring organizations awarded approximately \$8 million annually from 1999-2002 to fund the 15 research grants featured in this supplemental issue. The grantees attend semi-annual meetings co-sponsored by the American Heart Association, in order to report progress, discuss problems, and share information related to the conduct of their grants. A Behavior Change Consortium (BCC) composed of NIH program staff, research investigators from the 15 sites, and representatives from AHA and Robert Wood Johnson Foundation, has been established to explore the opportunities for collaboration across the 15 sites.

The BCC has served as a model of collaborative research and funding across NIH Institutes as well as across different settings, populations, and intervention strategies. Two recently commissioned reports from the National Academy of Sciences (NAS) identified a broad domain of questions at the interface of social, behavioral, and biomedical sciences, whose resolution could lead to major improvements in the health of the U.S. population, and both stressed the importance of approaching these questions from an interdisciplinary perspective. In describing their visions of future directions, the two NAS reports emphasized research priorities that cut across institute boundaries at the National Institutes of Health (NIH), thereby underscoring the broad significance of behavioral and social science research for multiple disease outcomes as well as for health promotion. These are the ingredients for a program of behavioral and social science research that will advance our ability to change behavior in ways that will prevent disease over the long term. The investigators participating in the Behavior Change Consortium have already started us down this path.

Portions of the preceding summary were cited with permission from:

Solomon, S., & Kington, R. (2002). National efforts to promote behavior-change research: Views from the Office of Behavioral and Social Sciences Research. Health Education Research, 17(5), 495-499.

